

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18687

State File No. ....

FILED MAY 20 1943

Registration District No. 274

Primary Registration District No. 30.52

Registrar's No. 125

1. PLACE OF DEATH  
(a) County Pettis  
(b) City or town Sedalia  
(c) Name of hospital or institution 521 N Prospect  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 48 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John William Taylor  
3. (b) If veteran, name war. No.  
3. (c) Social Security No.

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Mary Francis  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased June 23 1855  
(Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 14  
If less than one day hr. min.

9. Birthplace Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Carpenter

12. Name Zachary F Taylor  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Clark  
15. Birthplace Saline Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. Edna Taylor  
(b) Address Sedalia Mo.

17. (a) burial  
(b) Date thereof April 9 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.  
(b) Address Sedalia Mo.

19. (a) 4-9-43 Mrs Anna Dyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 521 N Prospect  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 7  
year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from March 15 to April 7  
that I last saw him alive on April 6  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronica

Due to Senile changes

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. B. Beckman (M. D. or other)  
Address Sedalia Mo Date signed 4/9/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-9-43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Robert H. Reed

Licensed Embalmer No.....

3745

P. O. Address.....

Sedalia Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**